

PATENT APPLICATION TRANSMITTAL LETTER
(Small Entity)

Docket No.
1121.00101

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

William Kaafarani et al.

For: **METHOD OF DISPENSING MEDICAL PRESCRIPTIONS**

Enclosed are:

- ☒ Certificate of Mailing with Express Mail Mailing Label No. **EV 318170944 US**
- ☒ (2) **TWO** sheets of drawings.
- ☐ A certified copy of a _____ application.
- ☐ Declaration ☐ Signed. ☐ Unsigned.
- ☐ Power of Attorney
- ☐ Information Disclosure Statement
- ☐ Preliminary Amendment
- ☐ _____ Verified Statement(s) to Establish Small Entity Status Under 37 C.F.R. 1.9 and 1.27.
- ☐ Other:

CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	17	- 20 =	0	x \$9.00	\$0.00
Indep. Claims	3	- 3 =	0	x \$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$375.00
TOTAL FILING FEE					\$375.00

- ☒ A check in the amount of **\$375.00** to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **04-1131** as described below.
- ☐ Charge the amount of _____ as filing fee.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Dated: **August 28, 2003**


Signature

Jonathan F. Yates (Reg. No. 52,384)
Dinnin & Dunn, P.C.
2701 Cambridge Ct.
Suite 500
Auburn Hills, MI 48326

cc:

08/28/03

13146 U.S. PTO

PTO/SB/17 (5-03)
Approved for use through 04/30/2003. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$375.00

C mplete if Known

Application Number
Filing Date August 28, 2003
First Named Inventor William Kaafarani
Examiner Name
Group Art Unit
Attorney Docket No. 1121-00101

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 04-1131 Deposit Account Name Dinnin & Dunn, P.C. The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051 130</td><td>2051 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 50</td><td>2052 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053 130</td><td>1053 130</td><td>Non - English specification</td><td></td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804 920*</td><td>1804 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251 110</td><td>2251 55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 410</td><td>2252 205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253 930</td><td>2253 465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254 1,450</td><td>2254 725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 1,970</td><td>2255 985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 320</td><td>2401 160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 320</td><td>2402 160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 280</td><td>2403 140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452 110</td><td>2452 55</td><td>Petition to revive - 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**or number previously paid, if greater; For Reissues, see above

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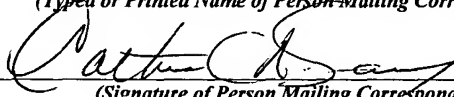
SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jonathan E. Yates	Registration No. (Attorney/Agent)	52,384
Signature		Telephone	248-364-2100
		Date	August 28, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10) Applicant(s): William Kaafarani et al.			Docket No. 1121.00101
Serial No.	Filing Date	Examiner	Group Art Unit
Invention: METHOD OF DISPENSING MEDICAL PRESCRIPTIONS			
I hereby certify that the following correspondence: <div>Patent Application (15) Fifteen pages// Transmittal Letter//Drawings (2) Two sheets//Postcard//Check</div> <p>(Identify type of correspondence)</p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on</p> <p>August 28, 2003</p> <p>(Date)</p> <div>Catherine A. Sauve</div> <p>(Typed or Printed Name of Person Mailing Correspondence)</p> <div></div> <p>(Signature of Person Mailing Correspondence)</p> <div>EV 318170944 US</div> <p>("Express Mail" Mailing Label Number)</p>			
Note: Each paper must have its own certificate of mailing.			